



Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

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Focus Groups Meeting Notes
California Healthcare Workforce Clearinghouse

Sutter Center for Health Professions, 2700 Gateway Oaks Drive, Sacramento, CA, 95833
 July 9, 2008 – 10:30 a.m. – 1:30 p.m.

Participants Present:

Victoria Maryatt	American River College
Christy Berger	Board of Behavioral Sciences
Brian Stiger	Board of Chiropractic Examiners
Heather Martin	Board of Occupational Therapy
Ann Shuman	Board of Vocational Nursing and Psychiatric Technicians
Brady Oppenheim	California Association of Psychiatric Technicians
Christine Soto	California Board of Pharmacy
Jim Comins	California Community colleges Regional Health Occupations Resource Centers
Barbara Whitney	California Community Colleges System Office
Gayle Mathe	California Dental Association
Linda Davis-Alldritt	California Department of Education
Irene Borgfeldt	California Department of Mental Health – Mental Health Planning Council
Gail Blanchard-Saiger	California Hospital Association
Peggy Broussard-Wheeler	California Hospital Association
Cathy Martin	California Hospital Association – Allied Healthcare Workforce Coalition
Priscilla Gonzalez-Leiva	California Institute for Nursing and Healthcare
Stephanie Leach	California Labor Workforce Development Agency
Tiffanie Sherrer	California Medical Association Foundation
Valerie Berry	California Medical Association Foundation
Donna Fox	California Nurses Association
Gus Cubillo	California Postsecondary Education Commission
Karen Humphrey	California Postsecondary Education Commission
Rona Sherriff	California Senate Office of Research
Barbara Halsey	California Workforce Investment Board
Kathleen Noble	Catholic Healthcare West
Charla Parker	Colusa Medical Center
Sue Graue	Colusa Medical Center
Kenneth Merchant	Consulting Services
Bonnie Wheatley	Consumers Alameda County Medical Center
Patrick Blacklock	Cosumnes River College/Los Rios
Kim Deweese	Department of Public Health
Bonnie Graybill	Employment Development Department, Labor Market Information Division
Beth Abbott	Health Access
Jane Atkins	Mayers Memorial Hospital
Barbara Johnston	Medical Board of California
Janie Cordray	Medical Board of California
Kevin Schunke	Medical Board of California
Kimberly Kirchmeyer	Medical Board of California
Dr. David Carlisle	Office of Statewide Health Planning and Development
Christine Molina	Respiratory Care Board of California

Stephanie Nunez	Respiratory Care Board of California
Kathleen Maestas	Rural Health Policy Council
Carla Alexander	Shasta Consortium of Community Health Centers
Annette Smith-Dohring	Sutter Health Sacramento, Sierra Region
Patricia Keast	University of California, Davis
Sneha Patel	University of California, Davis

OSHPD Staff: Felicia Borges, Mike Byrne, Angela Minniefield, Senita Robinson, Mike Rodrian, Dorian Rodriguez, Monique Scott, Deb Wong

WELCOME, OPENING REMARKS AND INTRODUCTIONS

Angela Minniefield, Deputy Director, Healthcare Workforce Development Division, welcomed everyone. She stated the intent of the focus groups is to gather healthcare workforce and educational information to help OSHPD develop a user-friendly, comprehensive and integrated data infrastructure that meets the needs of all stakeholders. OSHPD will work with the Employment Development Department's Labor Market Information Division (EDD-LMID), state health licensing boards, and state higher education entities to collect, analyze, and distribute healthcare workforce and educational information, to the extent available by specialty, supply, demand, diversity, and educational capacity. Senita Robinson, Manager, Health Careers Training Program, led participant introductions.

DISCUSSION ITEM: SB 139 OVERVIEW

Mike Byrne, GIS Architect, Information Technology Solutions Services, and Rona Sherriff, Senate Office of Research, provided a brief history of the development of Senate Bill 139. The initial legislation, Senate Bill 1309 (Senator Jack Scott), was introduced over two years ago because there was minimal information on the supply and demand of nursing and allied healthcare professionals in California. Additionally, Mr. Byrne and Ms. Sherriff recognized that they could not access the data in a centralized, systematic manner. Senate Bill 1309 directed OSHPD to create a healthcare workforce clearinghouse to collect available healthcare workforce and education data in the state. The legislation did not pass due to fiscal issues. Senate Bill 139 reintroduced the language in 2007 with funding supplied by the California Health Data and Planning Fund.

Ms. Robinson stated that participants would assist OSHPD in gathering regional information to help design an efficient, centralized data collection system. She mentioned that OSHPD will convene the last focus group session in Rancho Cucamonga. Additionally, she noted collecting SB 139 required data will be challenging due to the various number of entities involved to provide the data, data availability, numerous data formats, and data sharing issues. She mentioned that there are 19 health licensing boards, 23 California State University campuses, 10 University of California campuses and 109 California Community College campuses. The California Postsecondary Education Commission (CPEC) collects the state's education data from public and private colleges and universities. OSHPD must coordinate data collection efforts with all of the statutory partners and CPEC to develop a user-friendly data delivery system.

DISCUSSION ITEM: USABILITY

Mr. Byrne and Ms. Robinson asked the group a series of questions to stimulate and guide the discussions. The questions and participant responses were as follows:

Question 1: How does your organization plan to use the collected health care workforce and educational data? Is your response critical for Clearinghouse data use?

A. Current supply of health care workers, by specialty?

- Track hiring, salary, wages, experience, recruitment and employment history
- Track or translate core class curriculum from the past into the present
- Track gaps in data

- Track timely access to care
- Track cultural/linguistic access to care and assist with recruitment
- Track training certification, licenses, disciplinary actions
- To market and conduct outreach for more health professionals
- Determine retention
- Forecast future health care professionals
- Track deliverable services required by law
- Ensure that promotores and community health workers are tracked as specialties
- **NOTE:** Participants stated the need for a clear definition of “specialty” as licenses are not issued, by specialty

B. Geographical distribution of health care workers, by specialty?

- Health planning and program development
- Determine infrastructure needed to support practice in rural areas.
- Improve grant funding opportunities since funding is generally awarded to serve healthcare shortage areas
- Utilize pipeline to target outreach where healthcare services are deficient
- Track professionals by county, city, sub-county or by multiple identifiers as exclusive use of county boundaries do not mirror boundaries for system of care
- Zip code is a more functional tool, but need the ability to crosswalk geography to other types of designations

C. Diversity of health care workers, by specialty (i.e. race, ethnicity, languages spoken, etc)?

- Ability to assess linkage to K-12
- Address educational shortfalls of bilingual and underserved communities
- Diversity data is critical for public health planning and support (disaster planning)
- Diversity data would help identify improvement needs for education testing: exams and education requirements are difficult when English is a second language
- Diverse workforce could better assist the diverse patient and client population
- Diversity information would assist with recruitment efforts through targeted outreach
- Monitor state mandated requirement that requires managed health care systems with 5% of patients who speak non-English to provide health services in the patient’s language
- Data would help health system accreditation bodies capture language services and complete cross-system comparisons

D. Current and forecasted demand for health workers, by specialty?

- Track education from the beginning to the end of career
- To help project need for courses, class size, faculty and health workers
- To determine demand at local levels for all occupations
- Require licenses to report time worked – full or part-time

E. Education capacity to produce trained, certified and licensed health care workers, by specialty/geographical distribution (i.e. number of educational slots/enrollments, attrition rate, wait time to enter program of study, etc.)?

- To determine if there is enough faculty to support health programs
- To improve succession planning – address retirement issues
- Capture number of individuals who have re-entered or retrained into professions
- Collect foreign workers education/training information
- Aid training programs to support underserved areas
- Track individuals who attend school in the state, out of state, out of country and if they to work in California
- Track educational level required (Associate, Bachelor, Master, or Doctorate) and program availability
- Identify articulation/career ladder patterns

F. Trend analysis and special reporting (i.e. labor market information, system gaps, best practices, etc.)?

- Ability to manipulate, compare and track past, current and future data
- Ability to track aging of health professionals for succession planning
- Ability to capture employment data: part time, full time, hourly, daily, weekly
- Ability to illustrate age, location, career ladder, mobility, and education pipeline paths
- Ability to identify area workforce needs to determine placement
- Track training programs, current distribution, program development, and gaps especially in rural and shortage areas
- Link pipeline to educational gaps
- Ability to integrate K-12 education into career pipelines

G. Policy recommendations/changes to address issues of workforce shortage and distribution?

- Develop regulations and language specific to practitioner licenses
- Encourage employers to report current and projected staffing needs
- Advocate for increased funding and assistance in education and recruitment

Question 2: What are your recommendations for viewing and accessing the Clearinghouse data? For example do you prefer customized summary reports generated by using an interactive process on the Internet; information contained on video CDs/DVDs; hard copy library; specialized technologies; staff technical assistance; frequency updates—quarterly, semi-annually, annually, special user group logins; etc?

- Dynamic and multi visuals (use a multi dimensional approach)
- Easy access and manipulation
- Web query system
- Request for regular updates (based on profiles)
- Graphs and charts
- Pull and push system updates
- Ability to track regulations
- Ability to download data into Excel and Word formats
- Ability to download and save data on personal drives
- Extract data and projection research
- Printable reports, PDF
- Sort by geography
- Detailed reports with ability to “Roll Up” to more general information
- Shortage areas information: ability to connect supply and demand to shortage areas, mapping, and matching demand of supply
- Technical assistance
- Specialty needs to be scalable and aggregated
- Compartmentalize specialties within discipline, profession, and titles
- Search capability
- Zip code accessibility for health planning (good for easy access)
- Crosswalk professions using Standardization to SOC (Standard Occupation Classification) for all health industry specialties and CIP (Classification of Instructional Program) Codes
- Host a survey mechanism or survey monkey
- Longitudinal studies – unit specific
- Online interactive mechanism
- Profile alerts in specific data sets
- Quarterly/Annual updates
- Matrix cross referencing

Question 3: What Clearinghouse issues/challenges do you foresee in data retrieval, sharing and transmission mechanisms (such as, confidentiality/privacy, data validity/inconsistency, management, coordination; survey processes; staff capacity, timeliness, etc)? What are your recommended solutions to these issues/challenges?

- Retention period of data and library archival
- Ability to capture snapshots in time
- Retroactive data
- Educating usage of site
- Confidentiality and privacy issues
- Data collection from SB 139 statutory partners (format issues, available data, etc.) -- may need to establish legislation or regulations to obtain data
- Levels of access
- Staff capacity, timeliness, and coordination may be a challenge (need adequate staffing levels to gather and maintain information).
- Timeliness of reporting (annually, quarterly, or update as soon as new information is received).
- Technical Assistance – must have staff expert available to answer questions and integrate questions/concerns back into the system for improvement

Question 4: If the Clearinghouse can accommodate other data needs not identified in the statute, what other data needs/resources would you like OSHPD to consider or elevate to appropriate authorities?

- Linkage of our data to other states
- Link emergency programs to Clearinghouse (i.e. fire department and public health)
- Track where health professionals have been trained, educated, and employed.
- Retention and attrition rates
- Reasons for leaving employment (salaries, staffing/patient ratios/ language proficiencies, etc.) – employers could develop an exit standardized profile of about 3-5 questions to monitor reasons for exiting
- Track loan repayment, grant, and scholarship programs
- Ability to track regional salaries and cost of living.
- Ensure specialties align with educational programs, capacity, policy, reports, research, advocacy, and regulations
- Inform others concerning video of medical interpretation and translators (700 requests per day for this service).
- Marketing the Clearinghouse.
- To determine if private education is inadequately funded or unaffordable
- Include cost of education (schooling)
- Include basic requirements of education
- Develop a communications plan – speaker's bureau

Question 5: What questions and/or activities do you recommend we consider for conducting future focus groups and/or special meetings?

- Refine definition of “specialty”
- Need contacts for Clearinghouse suggestions or questions
- Include Clearinghouse Internet address in focus group materials/ contact list (hwc@oshpd.state.ca.us).

CLOSING COMMENTS AND ADJOURNMENT

Ms. Minniefield and Ms. Robinson thanked attendees for their participation in the focus group session. They also recognized specific organizations for their continued assistance in helping the focus groups become

successful, including the Employment Development Department, Labor Market Information Division, California Labor Workforce Development Agency, Department of Consumer Affairs, California Postsecondary Education Commission, California Workforce Investment Board, and all others who provided participant names, and meeting logistics and materials. Participants agreed to share their contact information with other focus groups participants and expressed continued participation in future Clearinghouse activities.

The meeting adjourned at 1:00 p.m.